

Agricultural Resource Management Division 116 State Street, Montpelier, VT 05620-2901 [phone] (802) 828-2431 [fax] (802) 828-1410 www.vermontagriculture.com

General Permit for Medium Farm Operations (MFO GP)

Appendix A: Notice of Intent to Comply

For farms seeking coverage under the Vermont General Permit for Medium Farm Operations						
I. OWNER/OPERATOR INFORMATION						
Owner/Operator Name:						
Farm/Business Name:						
Farm Physical Address:						
City: State: Zip Code:						
Farm Mailing Address:						
City: State: Zip Code:						
Phone: Email:						
II. FARM/OPERATION INFORMATION						
Type	Number Of Animals					
[200-699] Mature Dairy Cows (milked or dry)						
[300-999] Youngstock or Heifers						
[300-999] Veal Calves						
[300-999]Cattle and Cow/Calf pairs						
[750-2,499] Swine (55 lb. or more)						
[3,000-9,999] Swine (under 55 lb.)						
[150-499] Horses						
[3,000-9,999] Sheep or Lambs						
[16,500-54,999] Turkeys						
[9,000-29,999] Chickens (w/liquid system)						
[25,000-81,999] Chickens (w/out liquid system)						
[1,500-4,999] Ducks (w/liquid system)						
[10,000-29,999] Ducks (w/out liquid system)						
☐ Please check here if your operation is ABOVE th	e animal number criteria listed above (LFO).					
□ Please check here if your operation is BELOW the animal number criteria listed above (SFO).						
☐ Please check here if your operation is a Small Farm Operation seeking coverage under the MFO GP.						
III. NUTRIENT MANAGEMENT PLAN (which meets MFO GP requirements)						
1. Has a nutrient management plan been developed for this location? ☐ Yes ☐ No						
a. If no, when will a nutrient management plan be developed? Date:						
2. Is a nutrient management plan being implemented for the farm? ☐ Yes ☐ No						
3. If not land applying, describe alternative use(s) of manure, compost and other wastes:						
4. How many tons or gallons of manure, compost and other wastes produced by the MFO will be transferred						
annually to other persons? tons/gallons (circle one)						

IV. TYPE OF CONTAINMENT, STORAGE AND CAPACITY							
Type of Storage/Containment		Estimated # of Days of Storage		Total Capacity (gallons/tons)	Have you Received Cost Share for the Storage/Containment		
□ Liquid Waste/Manure Storage					□ Yes □ No		
□ Semi-Solid Waste/Manure Storage					□ Yes □ No		
Other Waste	To W	Othe		No System	Have you Received Cost Share		
Management	Storage I	acility		, and the second	for the Storage/Containment		
☐ Milkhouse Waste/ Processed Washwater					□ Yes □ No		
□ Silage Leachate System					□ Yes □ No		
Clean Water Diversion System Installed? □ Yes □ No					□ Yes □ No		
Do animals confined within a production area have access to waters of the state?							
W. APPLICANT SIGNATURE By signing this form, I am filing notice of my intent to comply with the General Permit for Medium Farm Operations for the State of Vermont issued by the Vermont Agency of Agriculture, Food and Markets. I have a copy and I have read the General Permit for Medium Farm Operations for the State of Vermont, and I will comply with all of the provisions therein. I certify that I have examined the information submitted in this notice and all attachments, and that the information contained herein is true, accurate and complete and I may be subject to the criminal sanctions of 13 V.S.A. § 3016 for false, misleading, or untrue representations on this form.							

For coverage, a complete and accurate Notice of Intent to Comply must be submitted to: Medium Farm Operations Program

Date:

Signature of Applicant:

Medium Farm Operations Program
Vermont Agency of Agriculture, Food and Markets
116 State Street
Montpelier, VT 05620-2901